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CONFIRMATION NO. 5508

SERIAL NUMBER 10/670,453	FILING OR 371(c) DATE 09/25/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. END 5028	
APPLICANTS William T. Donofrio, Cincinnati, OH;					
** CONTINUING DATA ****		NONE ASL 8/7/06			
** FOREIGN APPLICATIONS ****		NONE ASL 8/7/06			
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/22/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Verified and Acknowledged  		STATE OR COUNTRY OH	SHEETS DRAWING 31	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
ADDRESS 000027777					
TITLE Response testing for conscious sedation utilizing a cannula for support/response					
FILING FEE RECEIVED 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			